

EVALUATION – VIOLATION – ENFORCEMENT FORM

12/2000 VERSION

Handler ID Number WVD981039787		Contact Name Lee Bills	RESERVED FOR EPA USE AC 5/3/02
Handler Name Charleston Lincoln Mercury Service Department			
Street 321 Virginia Street West	City Charleston, WV 25302		

UNIVERSE CHANGE REQUIRED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
I. Indicate the facility's current universe(s): SQG II. Indicate the new RCRIS Generator Universe: (mark only one) LQG <input type="checkbox"/> CEG <input checked="" type="checkbox"/> NON-HANDLER <input type="checkbox"/> SQG <input type="checkbox"/> CLOSED <input type="checkbox"/>	III. Indicate the new transporter status (Mark here only if the Facility requires a transporter status change): <table border="1"> <tr> <td> Transporter If the transporter box is checked, you must check at least one of the boxes below: Mark Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway </td> <td> Non-Transporter Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste. </td> </tr> </table>	Transporter If the transporter box is checked, you must check at least one of the boxes below: Mark Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway	Non-Transporter Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste.
Transporter If the transporter box is checked, you must check at least one of the boxes below: Mark Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway	Non-Transporter Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste.		

EVALUATION	Add <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>
Date 04 22 2002	Number 	Agency S	Type CEI Reason Branch CAER Person WVJWB

AREAS OF EVALUATION (E – Evaluated NE – Not Evaluated NA – Not Applicable)									
GGR <input checked="" type="checkbox"/>	GSC <input type="checkbox"/>	TWD <input type="checkbox"/>	DGW <input type="checkbox"/>	DOR <input type="checkbox"/>	DWP <input type="checkbox"/>	BRR <input type="checkbox"/>	FEA <input type="checkbox"/>		
GLB <input type="checkbox"/>	GSQ <input type="checkbox"/>	DCH <input type="checkbox"/>	DLB <input type="checkbox"/>	DPB <input type="checkbox"/>	DIN <input type="checkbox"/>	BPS <input type="checkbox"/>	CSS <input type="checkbox"/>		
GMR <input type="checkbox"/>	GEX <input type="checkbox"/>	DCL <input type="checkbox"/>	DLF <input type="checkbox"/>	DPP <input type="checkbox"/>	DIA <input type="checkbox"/>	BIS <input type="checkbox"/>	UOR <input checked="" type="checkbox"/>		
GOR <input type="checkbox"/>	TGR <input type="checkbox"/>	DCP <input type="checkbox"/>	DLT <input type="checkbox"/>	DSI <input type="checkbox"/>	DPS <input type="checkbox"/>	BCE <input type="checkbox"/>	UWR <input checked="" type="checkbox"/>		
GPT <input type="checkbox"/>	TMR <input type="checkbox"/>	DFR <input type="checkbox"/>	DMC <input type="checkbox"/>	DTR <input type="checkbox"/>	DOP <input type="checkbox"/>	BDT <input type="checkbox"/>			
GRR <input type="checkbox"/>	TOR <input type="checkbox"/>	DGS <input type="checkbox"/>	DMR <input type="checkbox"/>	DTT <input type="checkbox"/>	DMI <input type="checkbox"/>	CAS <input type="checkbox"/>			

Comments Violation Noted

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION

Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined

VIOLATION	Add <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Evaluation? (Y/N) Y <input type="checkbox"/>					
Agency S	Number 	Area UOR	Class 	Reg Type FR	Regulation Citation 40 CFR 279.22 (c)(1)				
Date Determined 04 22 2002	Branch CAER	Person WVJWB	RTC Qualifier O	Returned to Compliance <table border="1"> <tr> <th>Scheduled</th> <th>Actual</th> </tr> <tr> <td>04/22/2002</td> <td>04/22/2002</td> </tr> </table>		Scheduled	Actual	04/22/2002	04/22/2002
Scheduled	Actual								
04/22/2002	04/22/2002								

Comments: Facility failed to label all containers holding used oil with the words "Used Oil."

VIOLATION	Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Evaluation? (Y/N)					
Agency 	Number 	Area 	Class 	Reg Type 	Regulation Citation 				
Date Determined 	Branch 	Person 	RTC Qualifier 	Returned to Compliance <table border="1"> <tr> <th>Scheduled</th> <th>Actual</th> </tr> <tr> <td></td> <td></td> </tr> </table>		Scheduled	Actual		
Scheduled	Actual								

Comments:

FILE COPY

change mailing address, contact, type
add waste codes

546

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1W1V1D1918111013191718171 Date: 1-29-93

FACILITY NAME Charleston Lincoln Mercury

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street 321 Virginia St.

City/Town Charleston State WV Zip 25302

Installation Contact

Last Name Byrd First Dana

Job Title Service Director Phone # (304) 346-9441

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street _____

City/Town _____ State _____ Zip _____

Phone # (____) _____ Land Type _____ Owner Type _____

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

0018
F002
F004

Updated in RCRIS by HNM Date 9-3-93

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	<u>2</u>	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air	Rail	Highway	Water
_____	_____	_____	_____
Other	_____		
Burner/Blender	B Boiler and/or Industrial Furnace (BIF) only. D BIF only; Smelter Deferral. E BIF only; Small Quantity Exemption claimed. N Not a Burner/Blender, Verified. X Other Burner/Blender Activity. Blank Unverified.		
HWF Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities. Blank No activity.		
HWF Other Market	X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.		
HWF Burner	B Boiler and/or Industrial Furnace. X Indication of activity.		
OSO Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.		
OSO Other Market	X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).		
OSO Burner	B Boiler and/or Industrial Furnace. X Indication of Activity.		
SO ACT:	Code indicating that the handler is engaged in marketing of specification fuel oil activities. B Boiler and/or Industrial Furnace. X Indication of Activity.		
Burner Types	Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____		
Underground Injection Control	X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.		
Recycler:	C Commercial R Non-Commercial Recycler N Not a Recycler, Verified Blank Not a recycler, unverified.		



EPA Copy
Status

Gaston Caperton
Governor

John M. Ranson
Cabinet Secretary

DEPARTMENT OF COMMERCE, LABOR & ENVIRONMENTAL RESOURCES

DIVISION OF ENVIRONMENTAL PROTECTION

Office of Waste Management

David C. Callaghan
Director

Ann A. Spaner
Deputy Director

SMALL QUANTITY GENERATOR--COMPLIANCE EVALUATION INSPECTION

The regulations for this inspection are the WV Hazardous Waste Management Act (20-5E), Section 10, & 40 CFR 260-265.
These regulations apply to facilities generating >100kg/month but <1000kg/month of Hazardous Waste (HW).

COMPANY NAME: Charleston Lincoln Mercury EPA ID#: WVD981039727

MAILING ADDRESS: 321 Virginia St, W LOCATION: Same

Charleston, WV 25302 COUNTY: Kanawha PHONE: 304/346-9441

COMPANY CONTACT: Dana Byrd TITLE: Service Director ADV. OF AUTHORITY: (Y/N) Y

DATE INSPECTED: 6-10-93 INSPECTORS: (1) C. Gatens DATE PREPARED: 6-11-93

TIME OF INSPECTION: 12:50pm (2) _____ PREPARED BY: C. Gatens

VIOLATIONS: (Y/N) N ACTION TAKEN: (NOV/CAP/Enforcement Referral/Other) NA

FACILITY DESCRIPTION: Automobile Sales and Service

Hazardous Wastes (as Notified or updated) Qty/Mo. Disposal Co./Method

D001/D018 - Waste Petro Naphtha - 252 lb/month Safety Kleen

Nitro, WV

F002/F004 - Waste Carb. Cleaner - 5 lb month

47CSR35 Section

YES NO N/A

6.1.2	Has facility made HW Determination for all waste?	✓		
4.1.1	Has facility notified for all HW streams?	✓		
10.1.1.a	Waste reclaimed under contract which specifies type waste & frequency of shipment, where transport vehicle is owned & operated by reclaimer?			✓
10.1.1.b	A copy of the reclamation agreement on file?			✓
10.1.2	Manifests & waste analyses on file if no contract?	✓		
10.1.3	All HW on-site <180 days (or <270 days if TSDF >200miles)?	✓		
10.1.3.a	Less than 6000 kg (13,200 pounds) of HW onsite?	✓		
10.1.3.b	All containers/tanks of HW closed?	✓		
	All HW containers/tanks in good condition?	✓		
10.1.3.c	All HW containers/tanks labeled "Hazardous Waste"?	✓		
	All HW containers marked with accumulation start date?	✓		
	Operating manner which minimizes risk of fire/explosion/unplanned release of HW or HW constituents?	✓		
	Adequate alarm system, fire protection equipment & spill control equipment?	✓		
	Adequate aisle space for movement of personnel & emergency equipment to any area of facility?	✓		
	Arrangement with local emergency response agencies?	✓		
10.1.3.d.1	At least one designated emergency coordinator?	✓		
10.1.3.d.2	The following information posted next to a telephone:	✓		
10.1.3.d.2.A	Emergency coordinator's name & phone number?	✓		
10.1.3.d.2.B	Location of fire extinguishers/spill control material & fire alarm (if present)?	✓		
10.1.3.d.2.C	Telephone number of the fire department?	✓		
10.1.3.d.3	Do all employees know proper waste handling procedures?	✓		
10.1.3.d.4	Does emergency coordinator know applicable response measures which are his duty to coordinate in an emergency?	✓		

RECEIVED

GENERAL STATE SECTION

JUL 27 1993

COMMENTS:

No violations

EPA, R3



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
84-001000767

INSTALLATION ADDRESS

CHARLESTON MARCOIA MARCOLEY
321 VIRGINIA ST
CHARLESTON , WV 25302
DATA BY AG SERVICE DIV

321 VIRGINIA ST
CHARLESTON , WV 25302

OW 6/22/95 ⁵⁹⁶

EVALUATION													
Add		Change		Delete									
Date		Number		Agency		Type		Reason		Branch		Person	
06/07/3				S		K E I				C M		C M G	

[illegible]

VIOLATION		Add	Change	Delete	Link to Above Evaluation? (Y/N)	
Agency	Number	Area	Class	Regulation Type	Regulation Citation	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
	Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled	Actual
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments <input type="text"/>						

☐ Required ☐ Required if pertinent ☐ Required only for previously reported data ☐ Not Required by EPA

Handler ID Number		Handler Name			
<div style="display: flex; justify-content: space-between;"> VIOLATION Add Change Delete Link to Above Evaluation? (Y/N) </div>					
Agency	Number	Area	Class	Regulation Type	Regulation Citation
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Date Determined		Priority	Branch	Person	Returned to Compliance
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<div style="display: flex; justify-content: space-around;"> <div>Scheduled <input type="text"/></div> <div>Actual <input type="text"/></div> </div>
Comments <input type="text"/>					

<div style="display: flex; justify-content: space-between;"> VIOLATION Add Change Delete Link to Above Evaluation? (Y/N) </div>					
Agency	Number	Area	Class	Regulation Type	Regulation Citation
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Date Determined		Priority	Branch	Person	Returned to Compliance
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<div style="display: flex; justify-content: space-around;"> <div>Scheduled <input type="text"/></div> <div>Actual <input type="text"/></div> </div>
Comments <input type="text"/>					

<div style="display: flex; justify-content: space-between;"> VIOLATION Add Change Delete Link to Above Evaluation? (Y/N) </div>					
Agency	Number	Area	Class	Regulation Type	Regulation Citation
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Date Determined		Priority	Branch	Person	Returned to Compliance
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<div style="display: flex; justify-content: space-around;"> <div>Scheduled <input type="text"/></div> <div>Actual <input type="text"/></div> </div>
Comments <input type="text"/>					

<div style="display: flex; justify-content: space-between;"> ENFORCEMENT Add Change Delete </div>						
Date	Number	Agency	Type	Branch	Person	Attorney Initials
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Penalty Assessed \$		<input type="text"/>		Settled \$ <input type="text"/>		

POLLUTION PREVENTION ENFORCEMENT COMPONENTS COVERED BY THIS ACTION

PPE - Pollution Prevention ☐
PRE - Pollution Reduction ☐
ERE - Environmental Restoration ☐

EAE - Environmental Auditing ☐
EPE - Environmental Public Awareness ☐
(mark only one in this section)

VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION							
Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PENALTY PAYMENTS			
Date	Amount	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments <input type="text"/>			



DEPARTMENT OF COMMERCE, LABOR & ENVIRONMENTAL RESOURCES

DIVISION OF ENVIRONMENTAL PROTECTION

1356 Hansford Street
Charleston, WV 25301-1401

Gaston Caperton
Governor

John M. Ranson
Cabinet Secretary

David C. Callaghan
Director

Ann A. Spaner
Deputy Director

June 16, 1993

Dana Byrd, Service Director
Charleston Lincoln Mercury, Inc.
Service Department
321 Virginia Street, W.
Charleston, West Virginia 25302

Dear Sir/Madam:

Enclosed is a copy of the **Compliance Evaluation Inspection (CEI) Report** completed on your facility by a representative of the Chief from the Office of Waste Management. This report is based on the inspection conducted on June 10, 1993.

There were no areas of non-compliance with the appropriate Hazardous Waste Management Regulations documented during the inspection.

Thank you for your assistance and cooperation during this inspection. If you have any questions concerning the inspection or attached report, please feel free to contact this office at (304) 558-5989.

Sincerely,

H. Michael Dorsey, Assistant Chief
Compliance Monitoring/Enforcement
Office of Waste Management

kw

Enclosure

cc: Jeanne Sofield, U.S. EPA, Region III
Chris Gatens, Inspector
File



DEPARTMENT OF COMMERCE, LABOR & ENVIRONMENTAL RESOURCES

DIVISION OF ENVIRONMENTAL PROTECTION

Office of Waste Management

Gaston Caperton
GovernorJohn M. Ranson
Cabinet SecretaryDavid C. Callaghan
DirectorAnn A. Spaner
Deputy Director

SMALL QUANTITY GENERATOR—COMPLIANCE EVALUATION INSPECTION

The regulations for this inspection are the WV Hazardous Waste Management Act (20-5E), Section 10, & 40 CFR 260-265.
These regulations apply to facilities generating >100kg/month but <1000kg/month of Hazardous Waste (HW).

COMPANY NAME: Charleston Lincoln Mercury EPA ID#: WVD981039787MAILING ADDRESS: 321 Virginia St, W LOCATION: SameCharleston, WV 25302COUNTY: KanawhaPHONE: 304/346-9441COMPANY CONTACT: Dana ByrdTITLE: Service DirectorADV. OF AUTHORITY: (Y/N) YDATE INSPECTED: 6-10-93INSPECTORS: (1) C. GatensDATE PREPARED: 6-11-93TIME OF INSPECTION: 12:50 pm

(2) _____

PREPARED BY: C. GatensVIOLATIONS: (Y/N) N ACTION TAKEN: (NOV/CAP/Enforcement Referral/Other) NAFACILITY DESCRIPTION: Automobile Sales and Service

Hazardous Wastes (as Notified or updated)

D001/D018 - Waste Petro Naphtha - 252 lb/month Disposal Co./Method Safety K1Nitro, WV

F002/F004 - Waste Carb. Cleaner - 5 lb/month

47CSR35 Section

YES NO N/A

6.1.2	Has facility made HW Determination for all waste?	✓		
4.1.1	Has facility notified for all HW streams?	✓		
10.1.1.a	Waste reclaimed under contract which specifies type waste & frequency of shipment, where transport vehicle is owned & operated by reclaimer?			✓
10.1.1.b	A copy of the reclamation agreement on file?			✓
10.1.2	Manifests & waste analyses on file if no contract?	✓		
10.1.3	All HW on-site <180 days (or <270 days if TSDF >200miles)?	✓		
10.1.3.a	Less than 6000 kg (13,200 pounds) of HW onsite?	✓		
10.1.3.b	All containers/tanks of HW closed?	✓		
	All HW containers/tanks in good condition?	✓		
10.1.3.c	All HW containers/tanks labeled "Hazardous Waste"?	✓		
	All HW containers marked with accumulation start date?	✓		
	Operating manner which minimizes risk of fire/explosion/unplanned release of HW or HW constituents?	✓		
	Adequate alarm system, fire protection equipment & spill control equipment?	✓		
	Adequate aisle space for movement of personnel & emergency equipment to any area of facility?	✓		
	Arrangement with local emergency response agencies?	✓		
10.1.3.d.1	At least one designated emergency coordinator?	✓		
10.1.3.d.2	The following information posted next to a telephone:	✓		
10.1.3.d.2.A	Emergency coordinator's name & phone number?	✓		
10.1.3.d.2.B	Location of fire extinguishers/spill control material & fire alarm (if present)?	✓		
10.1.3.d.2.C	Telephone number of the fire department?	✓		
10.1.3.d.3	Do all employees know proper waste handling procedures?	✓		
10.1.3.d.4	Does emergency coordinator know applicable response measures which are his duty to coordinate in an emergency?	✓		

COMMENTS:

No violations

RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID

WV D 981039787

Facility Name

Charleston Lincoln Mercury, Inc.

Waste Activity	Source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E				
	N S	3	R		1/17/90
TSD	E				
	S				
Transporter	E				
	S				
Burner	E				
	S				

Process Code Information

Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

Inspection report/documentation on which changes are based:

1/17/90 WV SWG HW Activity Report

Batch Number:

0006

Date to CSC:

JUL 01 1992

Date QA'ed:

7/22/92

RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID

W N D 9 8 1 0 3 9 7 8 7

Facility Name

Charleston Lincoln Mercury, Inc.

Waste Activity	Source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E				
	N S	3	R		1/17/90
TSD	E				
	S				
Transporter	E				
	S				
Burner	E				
	S				

Process Code Information

Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

Inspection report/documentation on which changes are based:

1/17/90 WV SQ6 HW Activity Report

Batch Number:

0006

Date to CSC:

JUL 01 1992

Date QA'ed:

RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID

WV D 9 8 1 0 3 9 7 8 7

Facility Name

Charleston Lincoln Mercury, Inc.

Waste Activity	Source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E				
	N S	<u>3</u>	<u>R</u>		<u>1/17/90</u>
TSD	E				
	S				
Transporter	E				
	S				
Burner	E				
	S				

Process Code Information

Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

Inspection report/documentation on which changes are based:

1/17/90 WV SWG HW Activity Report

Batch Number:

0006

Date to CSC:

JUL 01 1992

Date QA'ed:

7/22/92

RECEIVED

1989

JAN 19 1990

**West Virginia Small Quantity Generator
Hazardous Waste Activity Report**

WEST VIRGINIA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

1. Generator's EPA I.D. Number WVD981039787

2. Name of Installation Charleston Lincoln Mercury, Inc.

3. Installation Mailing Address

Street or P.O. Box 321 Virginia St. West

City Charleston State WV Zip 25302

4. Installation Location (If Different than Mailing Address)

Street or Route Number _____

City _____ State _____ Zip _____

5. Installation Contact

Name Thomas C. Barry, VP Telephone No. 304 346 9441

6. Standard Industrial Classification

(SIC) Code 5511 Automobile Dealer/New and Used

7. Hazardous Waste Generation Status

A. _____ Non-Handler _____

B. XX _____ Conditionally Exempt Small Quantity;

Produced no more than 100 kg/month (220 lbs.) of hazardous wastes or 1 kg/month (2.2 lbs.) of acutely hazardous wastes

C. _____ Small Quantity Generator;

Produced more than 100 kg/month (220 lbs.) but less than 1,000 kg/month (2,200 lbs.) hazardous wastes or 1 kg/month (2.2 lbs.) or less of acutely hazardous wastes.

8 . Generation Activity

Description of Waste(s) (Example Waste Naphtha)	Hazardous Waste Number(s) (Example D001)	Total Amount Generated (Example .5 tons)	Storage Meth- od (Example 1 Drum)
Waste Paint, Rel Mat	Flamm F003	.42 Tons	Drum

9. Transporter

Transporter EPA I.D. #

Safety Kleen Corp.

ILD051060408

354 Portage Blvd.

Kent, OH 44240

10. Treatment or Disposal Facility

EPA I.D. #

Safety-Kleen Corp.

354 Portage Blvd. Kent, OH 44240

OHD981099401

11. Do you recycle any of your wastes on site?

Yes _____ No xx

12. If the answer to 11 is yes, what waste(s) was recycled and how did you recycle?

13. Quantity of Hazardous Waste shipped off site .42 TNS

14. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Thomas C. Barry, VP - Gen. Mgr.

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

name chg

OK

HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
MAINTENANCE FORM FOR NOTIFICATION

EPA-ID # WV0981032787 Date: 3/8/87

FACILITY NAME White Lincoln Mercury

New Facility Name
Charleston Lincoln Mercury

Contact Person/Position _____

(Last, First, M) Title () Tel No -

MAILING ADDRESS Street _____
City _____ State _____ Zip _____

LOCATION ADDRESS Street _____
City _____ State _____ Zip _____

County Name _____ County Code _____

Owner Name _____ Operator Name _____

Activity Code Used Oil Fuel Activities
--- Gen --- Tr --- Tsd --- 6. Off-Spec Used Oil Fuel
--- 5. Market or Burn HWF --- A. Gen Mark to Burn
--- A. Gen Mark to Burn --- B. Other Marketer
--- B. Other Marketer --- C. Burner
--- C. Burner --- 7. Spec Used Oil Fuel Mark

Waste Fuel Burning: Type of Combustion Device
--- Utility Boiler --- Ind. Boiler --- Ind. Furnace

Mode of Transportation(Transporters Only)
--- Air --- Rail --- Highway --- Water --- Other

Maintenance Screens

	<u>W1 Card</u>		<u>F2 Card</u>
Existing Waste Code		New Waste Code	Non-Reg Ind____(c303)
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

EPA		NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	
1. INSTALLATION	2. MAILING ADDRESS	3. LOCATION	
INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III blank. If you did not receive a preprinted label, complete all items. "Installation" means a tank, stored and/or disposed of, or a treatment, storage and disposal unit (TSDF) which handles hazardous waste. Please refer to the instructions for filing notification to the principal place of business. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).			

4. NAME OF INSTALLATION		5. NAME OF COMPANY	
W H I T E L I N C O L W M E R C U R Y		K A R E W W H I T E	
6. ADDRESS		7. CITY AND STATE	
P O B O X 67		C H A T E S T O W W V A	
8. ZIP CODE		9. ZIP CODE	
2 5 3 0 2		2 5 3 0 2	

10. LOCATION OF INSTALLATION		11. CITY AND STATE	
C H A T E S T O W W V A		C H A T E S T O W W V A	
12. ZIP CODE		13. ZIP CODE	
2 5 3 0 2		2 5 3 0 2	

14. NAME OF INSTALLATION'S LEGAL OWNER		15. TYPE OF INSTALLATION	
K A R E W W H I T E		F - FEDERAL M - NON-FEDERAL	
16. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		17. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	

18. MODE OF TRANSPORTATION (enter "X" in the appropriate box(es))		19. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	
20. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		21. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	

22. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		23. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	
24. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		25. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	

26. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		27. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	
28. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		29. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	

30. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		31. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	
32. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		33. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
X		X	

Rev. J. Miller
NAME & OFFICIAL TITLE (Type or Print)

James M. Jr.
NAME & OFFICIAL TITLE (Type or Print)

92685
DATE SIGNED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X. CERTIFICATION

☒ I, CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE.
☐ I, CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE, BUT I AM NOT SURE THAT I HAVE PERSONALLY EXAMINED THE INFORMATION.
☐ I, CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE, BUT I AM NOT SURE THAT I HAVE PERSONALLY EXAMINED THE INFORMATION.
☐ I, CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE, BUT I AM NOT SURE THAT I HAVE PERSONALLY EXAMINED THE INFORMATION.

E. QUALIFICATION OF NON-LISTED HAZARDOUS WASTE. (See 40 CFR Part 261.21 - 261.24.)

WASTE NUMBER	WASTE NAME	WASTE CODE	WASTE TYPE	WASTE QUANTITY	WASTE LOCATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

D. LISTED HAZARDOUS WASTE. (See the four-digit number from 40 CFR Part 261.21 for each listed hazardous waste from hospital, veterinary, hospital, medical and research laboratories, and other sources. Use additional sheets if necessary.)

WASTE NUMBER	WASTE NAME	WASTE CODE	WASTE TYPE	WASTE QUANTITY	WASTE LOCATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTE. (See the four-digit number from 40 CFR Part 261.21 for each chemical waste from hospital, veterinary, hospital, medical and research laboratories, and other sources. Use additional sheets if necessary.)

WASTE NUMBER	WASTE NAME	WASTE CODE	WASTE TYPE	WASTE QUANTITY	WASTE LOCATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

B. HAZARDOUS WASTE FROM SPECIFIC SOURCES. (See the four-digit number from 40 CFR Part 261.21 for each hazardous waste from hospital, veterinary, hospital, medical and research laboratories, and other sources. Use additional sheets if necessary.)

WASTE NUMBER	WASTE NAME	WASTE CODE	WASTE TYPE	WASTE QUANTITY	WASTE LOCATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					